

## City of Long Beach DHHS ~ Healthy Active Long Beach

A Member of the Network for a Healthy California

## **HALB Participation Request**

To assist us with our planning and coordination, please complete this form and return it to HALB Community Outreach Coordinator, via E-mail to Stacey. Christenson@longbeach.gov or fax to (562) 570-4052.

Event Name	Event Date	
Event Address	Telephone Number	
Contact Person	Title	
Contact Person- Day of Event	E-mail Address	

## Please select activity being requested, and all other boxes that apply:

Topics:	Yes or No must be selected for each topic chosen:		
EDUCATIONAL CLASS	Yes / No Canopy Yes / No (1) Table		
INFORMATION BOOTH	Yes / No Canopy Yes / No (1) Table Yes / No (2) Chairs		
COOKING DEMO	Yes / No Canopy Yes / No (1) Table Yes / No Kitchen with accessible sink **A kitchen with an accessible sink is required per Environmental Health requirements, when requesting a Cooking Demo.		

Specific Program Information Requested			Languages Needed		
Target Audience	Chil	ldren Par	rents	Agency/Progra	m Staff
Number Expected to Attend			Start/End Time		
Set Up Time			Take Down Time		
Is this event open to the public	Yes	No (closed group)	Will event take place	Indoors	Outdoors
Comments and/or description of other activities that will take place on this day:					

## For HALB Use Only

Lead Assigned Staff	Name(s) of Sta Participating	
Other		

**Healthy Active Long Beach Funding:** Healthy Active Long Beach is funded by USDA SNAP, known in California as CalFresh. •California Department of Public Health



Healthy Active Long Beach
City of Long Beach Department of Health & Human Services
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<a href="http://www.longbeach.gov/health/health\_promotion/healthy\_lb.asp">http://www.longbeach.gov/health/health\_promotion/healthy\_lb.asp</a>
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